BEACE OF DEATH Very 9332 pluods 50 PHYSICIANS shou (No. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, DATE OF DEATH MARRIED WIDOWED, ORDIVORCED (Write the word) (Month) 6 DATE OF BIRTH (Month) (Day 7 AGE If LESS than f day.....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, ar particular kind of work-(b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER 80 9 11 BIRTHPLACE ARENTS OF FATHER (State or countr 12 MAIDEN NAME Instructions OF MOTHER plai OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country I yrs. .... mos. \_ ds. EAT Where was disease contracted, 14 THE ABOV If not at place of death? Former or OF (informant) usual residence Every Item CAUSE C 19 PLACE OF BURIAL OR REMOVAL 15 m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY, That I attended deceased from \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State \_\_\_\_\_ yrs, \_\_\_\_ OF BURJAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: etc., when a defluite disease can be ascertained as the cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) The contributory Measles (disease causing death), 29 ds.; (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N.B.

Count	1 PLACE OF DEATH 19333	STATE OF MARYLAND CERTIFICATE OF DEATH
Villag	e or City Brownes De (No	Registration Dist. No
	- FULL NAIVIE	an I amount
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX	Lale Mule of Single, Married, Widowed or Divorced (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17
6 DAT	TE OF BIRTH  Nov. 11 195  (Month) (Day) Year)	that I last saw h Amaliye on Nov. 17, 1915,
7 AGE		and that death occurred on the date stated above, at
part (b) busi	CUPATION ) Trade, protession, or illeular kind of work ) General nature of industry iness, or establishment in ch employed (or employer)	(Buretlon) yrs. mos. / ds.
9 BIF	RTHPLACE (State or country) Maryland	Contributory Secondary  (Buralien) - Irrs. mes. ds.
PARENTS	10 NAME OF Earl Barnes  11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN	(Signed)  (State the Disease Ausing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place In the ef deeth
	(Informant) (Informant)	If not at place of death?  Former or  usual residence
15 File	(Address) Broonies Aslaud Mov. 18,1915 Gronges Herson	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  WOUNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

-Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumania. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, cough; Chronic valvulor heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent neaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrent) affection .nced not be stated unless or miscarriage as "PUERPERAL septichaemia," by railway train-accident; Revolver The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere (Recommendations "Exhaustion, important. wound of



7. S. No. 1.

PLACE OF DEATH 19334	STATE OF MARYLAND
County Calout (6b)	CERTIFICATE OF DEATH
10 11	Registration Dist. No.
Village or City Villalize (No.	St.; Ward)  [if death occurred least hospital or institution give its MAME lostea of street and oumber.]
² FULL NAME Chine	Salem outsit,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Canel (marrie of the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw have alive on All your 191
7 AGE  11 LESS that 1 day,brs 0 ormio.?	The CAUSE OF DEATH * was as follows:
(a) Frade, prefession, or particular kind of work.  (b) Geogral nature of industry, business, or establishment in which employed (or employer)	(Durafico) yrs mes 2 / ds.
BIRTHPLACE (State or country)	(Secondary)
10 NAME OF FATHER CAMPLES PAR	(Signed) Quantien yrs mes ds.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER BEARIE MUTChel	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS)  Af place io the of death yrs mos ds. State yrs mos ds.
(Informant) 708, Booze	Where was disease contracted, If not at place of death? Former or
(Address) Duselando Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mor 23 1915 6. H. Hence	20 UNDERTAKER ADDRESS
REGISTRAR	W.N. Helchies mit Namon, 2

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Purpural septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



1918

	Shou
RD	CUPAT
ECO	HYSIC of OCC
<u> -</u>	int o
ANEN	XACTLY
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION mportant. See instructions on back of certificate.
×	he s
SIS	buld
H	shoring of
X	AGE
200	pplied.
ADI	ly su it m
UNI.	Every Item of Information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma Mportant. See instructions on back of certificate.
I	be so
M.	terms to bac
Z Z	lain lain
LA	natio In p
0	TH
RITE	of IL DEA
*	OF of
	USE Jortal
	A CA

10 NAME OF FATHER

ARENT

15

ż

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informant) ...

(Address)

0 0

PLACE OF DEATH 19335 County Calvert	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Suckers (No,	St.; Ward)  [If death occurred in a hospital or institution give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  MARKIED, WIDOWED, WIDOWED, OR DIVERCED (Write the word)  6 DATE OF BIRTH  (Month)  (Day)  (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191, 191, 191, 191, 191, 191, 191, 191, 191, 191, 191, 191
7 AGE   if LESS than if day,hrs. ORmio.?	and that death occurred on the date stated above, at
Boccupation (a) Frade, profession, or parficular kind of work.  (b) General nature of industry, business, or establishment to which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory (Secondary)

, 191 (Address). \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

	OR RECENT RESIDENCE (FOR HE				
ı	At place	in the			
I	At place of death yrs mos ds.	Sfate	yrs,	mos.	ds
i	Where was disease contracted, If oof at place of death?				
ŀ	If oof at place of death?	* * * # # # # # # # # # # # # # # # # #	*********	***************************************	
	Former or				

19 PLACE OF E	BURIAL OR REMOVAL	DATE OF B	URIAL
Jally	To ree Mr Mal	15-	, 191
00			

20 UNDERTAKER

osual residence.

(Signed)

BEST OF MY KNOWLEDGE

REGISTRAR

ADDRESS

If more blanks are peeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative Mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grecery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia zer" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for



PLACE OF DEATH 19336	STATE OF MARYLAND
County Calvert 19000 (	CERTIFICATE OF DEATH
m. t.	Registration Dist. No.
FULL NAME Steorgy The	Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Wildowed OR Divorced (Write the word)	16 DATE OF DEATH NOV. S (Month) (Day) (Year)
May (unknown) 1913 (Year)	that I last saw h alive on 191, 191,
AGE    If LESS than   1 day, hrs.   OR min. ?	and that death occurred on the date stated affore, at
OCCUPATION (a) Trade, profession, or particular kind of work	Infantile convulsions (?)
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Durallen) yrs mos ds.
BIRTHPLACE (State or country) Maryland	Secondary (BuraDea) yrs mos ds.
10 NAME OF SKOTGH STAY	(Signed) / Rorges Elevery M. O.
Z OF FATHER (State or country) Manybaced	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSER, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIOAL OF HOMICIOAL.
of MOTHER Mary Chake	SUICIOAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or conotry)  Manyland	At place in the ef deathyrsmasds. State,yrsmasds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Oleful Stay	Where was disease contracted,  If not at place of death?  Former or  usual residence
(Address) Mutual, Md,	Brooks Chapel Gov. 10, 1915
Filed Nov. 1, 1915 Steorger Elesson	Savid Brooks Medual Mide

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile foctory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary firemon, etc. But in many cases, first line will be sufficient, c. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomolive engineer, If retired from without more (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state means or injury and qualify as accidental, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anacmia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal septichumia," by railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which Never report mere "Atrophy,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -7 1915
BUREATATAS.

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

state

of OCCUPATION Is very

statement

Exact

properly classified.

AGE

should be stated EXACTLY.

PHYSICIANS should

RECORD

Important.

8

1 PLACE OF DEATH 19337



### STATE OF MARYLAND CERTIFICATE OF DEATH

Cour	nty	Registration Dist. No.	
Villa	ge or City And (No) 2FULL NAME Facility	St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX	**COLOR OR RACE SINGLE, MARRIED, Willowed, Wille the word)	(Month) (Day (Year)	
8 DAT	E OF BIRTH Don't / Errow , 1	that I last saw her alive on 2001 11 1914	
	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at	
partice (b) 6 busine which	rade, protession, or cular kind of work  deneral nature of industry, ess, or establishment in employed (or employer)  THPLACE State or country)	Contributory Secondary	
10 NAME OF FATHER DOWN / MOUNT		(Signed)	
0	3 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds	
	e ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  formant)  Continue  C	Where was disease contracted, It not at place of death?  Former or usual residence	
15 Filed	DEC 4 , 191 15 Miling REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  AND 12, 191  20 UNDERTAKER  ADDRESS  ATTURE STATEMENT OF BURIAL  20 UNDERTAKER  ADDRESS  ATTURE STATEMENT OF BURIAL  20 UNDERTAKER  ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at house, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Haemorrhage," "Inanition," "Maras genital," "Sculle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head



MARGIN

vi

. .

ż

15

### state County-PHYSICIANS should of OCCUPATION IS . Manelow, MS(No RECORD <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO. ORDIVERCED (Write the word) 6 DATE OF BIRTH Hor. ciassified. 4 (Month) (Day) (Year) TAGE It LESS than D 1 day, .....hrs. mos. O ds. OR ..... min. ? Sh properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work supplied. (b) General nature of Industry, pe business, or establishment in FADING may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) carefully ï that 10 NAME OF FATHER ō be back 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) should 12 MAIDEN NAME of into... DEATH in preplain OF MOTHER 13 BIRTHPLACE 7 OF MOTHER (State or country WRITE OF MY KNOWLEDGE 14 THE ABOVE IS TRUE CAUSE OF important.

PLACE OF DEATH

### STATE OF MADVIAND

31	AIL	Or .	MAK	LAND	
CER'	TIFIC	CATE	OF	DEAT	H

ERTIFICATE C	F DEATH
Registration Di	st. No
St.;Ward	[If death occurred in a hospital or institution, give its NAME instead ot street and number.]
ICAL CERTIFICATE OF	F DEATH
Nov.	(Day) , 1915 (Year)
REBY CERTIFY, That I	attended deceased from
alive on	, 191,
rred on the date stated	above, atm,
Dree Birch	
(Duration)	yrsds.
(Duration)	yrsmosds.
S. (Address) Lows	· Marstono m
	in deaths from VIOLENT d (2) whether ACCIDEN-
In the	INSTITUTIONS, TRANSIENTS, yrs,
AL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER

16 DATE OF DEATH

that I last saw h .....

and that death occu

The CAUSE OF DEA

Contributory ....

(Secondary)

2100. 20 19

18 LENGTH OF RES OR RECENT RESIDI

ot death ..... yrs. .... Where was disease contr

it not at place of death?

\*State the DISEA CAUSES, state (1) TAL, SUICIDAL, OF

(Signed)

At piace

Former or

usual residence. 19 PLACE OF BUR

1 HE

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 0

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrereal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgleai operation was undertaken. For viocause. Always qualify all diseases resulting from genital," "Senile," etc.), mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Tigart fallure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_ "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Examples: 0



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. 5 If death occurred to .. Ward) a hospital or institution. EXACTLY. give Its NAME instead of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH 4 COLOR OR BACE MARRIED, WIDOWED OR DIVORCED (Day) (Month) properly rtificate. HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH pin sho be alive on cei (Day) (Year) may k tf LESS than 7 AGE and that death occurred on the date stated above, at ...... ш 1 day, hrs. (5 CAUSE OF DEATH \* was as follows: OR min. ? d 0 (a) Trade, profession, or tha supplied ons particular kind of work 20 (b) General nature of industry terms, instructi business, or establishment in (Buration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary ain (State or country) E Š 10 NAME OF 2 FATHER 0 I 1915 11 BIRTH PLACE RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicinal or Homicinal. Ш 0 12 MAIDEN NAME OF MOTHER tı. informatic SAUSE OF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) State, yrs, mos, ds. of death ..... yrs. ..... mos. ..... 8 WRITE should state CAI Where was diseese contracted, it not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS 0 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Parmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Coak, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Luborer mill; (a) Salesman, (b) Grocery: (a) Foreman, especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cares, applies to each and every person, irrespective ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Collon first line will be sufficient, e. g., Former or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in the second statement. is very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, At home. Care should be Never return If retired from "Laborer," (b) Autoof age. ('ivil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

4- F.

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetonus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid probably birth or miscarriage as "Purremal septichurmia," "Publiperal pertlonitis," etc. Mate cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," Struck by railway train-occident; Revolver, wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Anaemia! (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms chopneumor Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valuator heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of.... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), or terminal conditions, such as "Asthenia," (secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,"



of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT

A

PLAINLY, WITH UNFADING INK-THIS IS

WRITE

0 Every Item CAUSE OF Important,

N. B.

Filed.

### 1 PLACE OF DEATH



### STATE OF MARYLAND

County Colvert. 93411  Village or City Grozein. (No	CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [It death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDDWED, DR DIVDRCED (Write the word)	16 DATE OF DEATH NOVEMBER 14, 191.  (Month) (Day (Year)
O DATE OF BIRTH  (Month) (Day (Year)  7 AGE    If LESS than 1 day,hrs.   ORmin.?	that I last saw h alive on
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory Secondary (Ouration) yrs: mos. ds
10 NAME OF FATHER GLORGE BUJONIN TOLL  11 BIRTHPLACE OF FATHER (State or country) Waryland  12 MOTHER CIL. R. C.	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (In the ot death
16	A Passe Hunch Tools, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balle, Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But In many cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



1 PLACE OF DEATH

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of illmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Measles (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



STATE OF MARYLAND 1 PLACE OF DEATH PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.: Ward) a hospital or institution, give IIs NAME Instead EXACTLY. of street and number. I RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS classifi SINGLE, MARRIED, 3 16 DATE OF DEATH 4 COLOR OR RACE stated (Day) OR OLVORCED be properly certificate. HEREBY CERTIFY, That I attended deceased from be 8 DATE OF BIRTH pino alive on (Year) (Day) pe (Month) It LESS than may k 7 AGE and that death occurred on the date stated above, at ...... 1 day, hrs. The CAUSE OF DEATH # was as follows: O OR min.? T P pa 0 (a) Trade, profession, or tha 0 supplie ons particular kind of work So (b) General nature of Industry terms, instructi business, or establishment in (Ouration) fully which employed (or employer Contributory 9 BIRTHPLACE econdary (State or country) See in 10 NAME OF FATHER 2 pino important. ATH S 7202 22 1915 (Address)... 11 BIRTHPLACE ENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) Li PAR 12 MAIOEN NAME 0 OF MOTHER LL. E OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very OR RECENT RESIDENTS 13 BIRTHPLACE of infor U OF MOTHER (State or country) WRITE State, ......yrs. .....mos. .....ds. of death ..... yrs. .....mos. .....ds. CAUS N is Where was disease contracted, 14 THE ABOVE IS, KNOWLEDGE if not at place of death?... Every item of should state C OCCUPATION Former or (Informant usual residence DATE OF BURIAL 15 ADDRESS m ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question taken to report specifically the occupations of persons business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of ..... head-homicide; Poisoned Struck by railway train-accident; Revolver wound of cause. etc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia," (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning, Always qualify all diseases resulting from child-"Scnile," etc.), The contributory (secondary or intercurby corbolic acid-probably "Puerperal septichaemia, "Dropsy," Never report mere "Exhaustion,

